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UTILITY **PATENT APPLICATION TRANSMITTAL**

Attorney Docket No.			000295.00008	
First In	ventor	Rob	ert E. BRIGGS et al.	,
Title	LKTA D	ELETI	ON MUTANT OF P. HAEMOLYTICA	
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(Only for new nonprovision	al applications under 3	7 C.F.R. 1.53(b))	Express Mail Label No.	<u></u>				
	ICATION ELEM		Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Weakington, DC 20234					
(Submit an original at Applicant claim See 37 CFR 1.3 Specification (preferred arrange - Descriptive title - Cross Reference - Statement Regalance - Reference to see or a computer publication - Brief Description - Detailed Description	I Form (e.g., PTO/S) and a duplicate for fee proc s small entity status 27. [Total ement set forth below) of the Invention set o Related Application rding Fed sponsored Figuence listing, a table, rogram listing appendix the Invention of the Invention of the Drawings (if file	B/17) lessing) al Pages 39] ons R & D	Washington, DC 20231 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATIONS PARTS 9. Assignment Papers (cover sheet & document(s)) 10. 37 C.F.R.§3.73(b) Statement Power of (when there is an assignee) Attorney					
b. Copy from a part of the following from a part of the part of th	U.S.C.113) [Total red (original or copy) orior application (37 ation/divisional with OF INVENTOR(5 ent attached deleting in orior application, see 37 1.33(b).	CFR 1.63 (d)) Box 18 completed) S) nventor(s) 7 CFR 1.76	11. English 12. Informati Stateme 13. Prelimin 14. Return R (Should 15. Certified (if foreig 16. Request (b)(2)(B) or its equ 17. Other:	 □ English Translation Document (if applicable) □ Information Disclosure □ Copies of IDS Statement (IDS)/PTO-1449 □ Citations □ Preliminary Amendment □ Return Receipt Postcard (MPEP 503) (Should be specifically itemized) □ Certified Copy of Priority Document(s) (if foreign priority is claimed) □ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. □ Other: 				
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No: 09 / 160,340 Prior application information: Examiner J. Graser Group / Art Unit: 1641 For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
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Country		Telephone		Fax				
Name (Print/Type)	Lisa M. Hemmen	ndinger	Registration No. (Att	omey/Agent)	42,653			
Signature	Spa h.	Heminiadi	gen_	Date	October 19, 2001			

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

**or number previously paid, if greater; For Reissues, see above

Complete If Known						
Application Number	TBA/Divisional of 09/160,340					
Filing Date	October 19, 2001					
First Named Inventor	Robert E. BRIGGS et al.					
Prior Examiner	J. Graser					
Prior Group	1641					
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1.				ioner is hereby at and credit any ov	uthorized to charge ver payments to:			ITIONAL Large Entity		Small Entity		_
Dep							Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid _
Acco Num		19-0	733				105	130	205	65	Surcharge - late filing fee or oath	
							127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
Depo		Bana	ner & Wit	coff		l	139	130	139	130	Non-English specification	
Nam						- 1	147	2,520	147	2,520	For filing a request for reexamination	
	Charge Ar Under 37						112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
	Applicant See 37 C	FR 1.27		y status.		_	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
2.	Payme	nt Enclo	osed:			- 1	115	110	215	55	Extension for reply within first month	
	Check	□ c	redit card	☐ Money Order	☐ Other	-	116	400	216	200	Extension for reply within second month	
						\dashv	117	920	217	460	Extension for reply within third month	
1.	BASIC FI	LING F		ALCULATION		\dashv	118	1,440	218	720	Extension for reply within fourth month	
Large	Entity	Small	Entity			- 1	128	1,960	228	980	Extension for reply within fifth month	
Fee	Fee	Fee	Fee	Fee Description		- 1	119	320	219	160	Notice of Appeal	
Code	(\$)	Code	(\$)		Fee Paid	٦l	120	320	220	160	Filing a brief in support of an appeal	
101	740	201	370	Utility filing fee	740.00	1 1	121	280	221	140	Request for oral hearing	
106 107	330 510	206 207	165 255	Design filing fee Plant filing fee		{ 	138	1,510	138	1,510	Petition to institute a public use proceeding	
108	740	208	370	Reissue filing fee	,		140	110	240	55	Petition to revive – unavoidable	
114	160	214	80	Provisional filling	fee		141	1,280	241	640	Petition to revive – unintentional	
					<u> </u>	,	142	1,280	242	640	Utility issue fee (or reissue)	
		S	UBTOTA	L (1)	(\$) 740.00	J	143	460	243	230	Design issue fee	
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				Extra F	ee from Fee	l	122	130	122	130	Petitions to the Commissioner	
					elow Paid	, I	123	50	123	50	Processing fee under 37 CFR 1.17 (q)	
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Claims Multiple	<u>L</u>		3** =	× × ×	= 0		581	40	581	40	Recording each patent assignment per property (times number of properties)	
Dependen Large	i Entity	/ Smal	l Enti	ty		٠	146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
Fee Code	Fee (\$)	Fee Code		ree Descript			149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
103	18	203 202	9 4 2	Claims in exc	ess of 20 claims in excess of 3	1	179	740	279	370	Request for Continued Examination (RCE)	
102 104	84 280	202	4∠ 140	•	ndent claim, if not paid		169	900	169	900	Request for expedited examination	
109	280 84	209	42		dependent claims over		109	300	109	300	of a design application	
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110	18	210	9	over original (Other fa	e (specif	īν١			
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			8	SUBTOTAL (2)	(\$) 0	j	*Reduc	ced by Ba	asic Filir	ng Fee P	aid SUBTOTAL (3) (\$) 0	

SUBMITTED BY Complete (if applicable)							
Name (Print/Type)	Lisa M. Hemmendinger	Registration No. Attorney/Agent)	42,653	Telephone	202-508-9100		
Signature	Sisa M. H	enmerdiger		Date	October 19, 2001		

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